with the full list of names. Do not include addresses here.)

UNITED STATES DISTRICT COURT

FOR THE District of AUSKA

JAN 13 2022

CLERK, U.S. DISTRICT COURT ANCHORAGE, AK

	Division		
DEON K HUMPHREY) Case No.	3:22- CV- 00009-JMK (to be filled in by the Clerk's Office)	
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) -V- RENEE STRAUBE	Jury Trial: () Jury Trial: ())))	(check one) Yes No	
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page)))		

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Address

DEON K HUMPHREY 7AII WOBJEN CTROVE ANCHORAGE ALASKA

County

Telephone Number E-Mail Address

(907) 342-7036 dion98225 D gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Job or Title (if known)

Address

RENEE STRAUBE

projective service spectalist 1

323 E 4th Ave

Alchorage

County

Telephone Number

E-Mail Address (if known)

(907) 269-3905 renee. straube e alaska.gov

Individual capacity Official capacity

Defendant No. 2

Name

Job or Title (if known)

Address

JULEUTTE Rosado

MS CLENTURY THERAPCST

2530 DEBZER BOAD

ANCHOCAGE City

99508 Zip Code

County

Telephone Number

E-Mail Address (if known)

(907) 264-4389 juliette. rosado o uhsine.com

Individual capacity Official capacity

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

III.

D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.					
	AWAZTTONG DEVICES TECOM WILL FILE AMENDED					
	COMPLACIT					
Statem	ent of Claim					
alleged further any cas	s briefly as possible the facts of your case. Describe how each defendant was personally involved in the wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite es or statutes. If more than one claim is asserted, number each claim and write a short and plain ent of each claim in a separate paragraph. Attach additional pages if needed.					
A.	Where did the events giving rise to your claim(s) occur? ANATTULE DESCES TECH WELL FILE AMENDED					
	COMPLARMY					
B.	What date and approximate time did the events giving rise to your claim(s) occur?					
·	ANATETAL DEUCES TECUM NEU FILE AMENDED COMPLARMY					
C.	What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)					
	ANADOTENCES TECOM NEU FELE AMEJDED COMPLAINT					

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

COMPENSATION DAMAGES 7 MOUZON "DEPOTUTIZED OF CONSTITUTIONAL

ATROCHEY FEES

PUNTITUS DAMACES \$500 K RECKLESS INDEFFERENCE COMPUT BY DEFENDANT'S

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing:	2022		
	Signature of Plaintiff Printed Name of Plaintiff	DEON HUMPHROJ		
B.	For Attorneys			
	Date of signing:			
	Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm			
	Address	City	State	Zin Coda
	Telephone Number E-mail Address	City	State	Zip Code

Reset